

STANDARD APPLICATION FOR POSITION OF PEACE OFFICER IN THE STATE OF MONTANA

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any application for employment in violation of state or federal law.

INSTRUCTIONS:

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 12 of this form may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

LATE, INCOMPLETE, or UNSIGNED applications will NOT be considered.

This agency is committed to make reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please notify us at the time of need.

THE VETERANS' EMPLOYMENT PREFERENCE ACT AND THE HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE ACT provide preference in public employment for certain military veterans and handicapped persons or their eligible relatives. Contact your local Vocational Rehabilitation Services Office (Department of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. Contact your local Veteran's Affairs Office (Department of Military Affairs) for details on obtaining veteran's preference certification. For more information, contact your local Job Service. If you are claiming either employment preference, you must complete the Employment Preference insert.

1.	Name _____ <div style="text-align: center;"><i>Last First MI</i></div>
2.	Social Security Number _____
3.	Address _____ <div style="text-align: center;"><i>Street</i></div> _____ <div style="text-align: center;"><i>City State Zip Code</i></div>
4.	Phone No. (____) _____ (____) _____ <div style="text-align: center;"><i>Work Home</i></div>
5.	E-mail address _____
6.	Do you have a valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO

My signature below certifies that all information on this and all attached pages is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from considerations for employment, or if hired, may be grounds for termination at a later date. EMPLOYERS MAY BE CONTACTED AS REFERENCES.

SIGNATURE: _____ DATE SIGNED: _____

6. EDUCATION

A. High School Name: _____

B. Received:

☐ Diploma or Equivalency Certificate

☐ None - If "NONE", Highest Grade Completed _____

C. Address of High School Awarding
Diploma or Equivalency Certificate:

D. College or University Location of School	Dates Attended	Credit Hours Earned Sem. / Qtr.	Degrees Received (BA,MA,etc)	Date of Degree	Major Field	Minor Field
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

E. Other Schools or Training
Which Helps You Qualify

Name, Location

Dates
Attended

Did You
Complete?

Title/Description of Course

Total
Hours

7. PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (EMT, GVW, Diver, POST, et c.)

Name and Complete Address
of Licensing Agency

Type of License

Endorsement/Restriction
(if Applicable)

Date
Licensed

8. SPECIAL SKILLS ~ Check the skills you possess. Specify speed/errors where requested.

☐ Typing ____/____

☐ 10 Code

☐ Medical Terminology

☐ Accident Investigation

☐ Legal Terminology

☐ Photo Skills

☐ Computer Software _____

☐ Other (*List in Section #11 of this form*)

☐ Computer Languages (specify) _____

9. EQUIPMENT - List types of equipment you can operate and specify name or model you have used (Radio Equipment, Computer Equipment, Video Equipment, Alcohol Consumption Testing Equipment, etc.) *Continue in Section #11 if more space is needed.*

10. **EXPERIENCE:** Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and job title for which you are applying. This information must be completed even if a resume' is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? ☐ YES ☐ NO

NAME & ADDRESS of Employer

_____ Type of Business _____
_____ Dates Employed ____/____/____ to ____/____/____
_____ Average Hrs. Per Week _____

Your Job Title _____ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) _____ Phone Number (____) _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS of Employer

_____ Type of Business _____
_____ Dates Employed ____/____/____ to ____/____/____
_____ Average Hrs. Per Week _____

Your Job Title _____ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) _____ Phone Number (____) _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

ADDITIONAL EMPLOYMENT EXPERIENCE

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. Per Week _____

Your Job Title _____ [☐] Full-time [☐] Part-time [☐] Volunteer

Immediate Supervisor(s) _____ Phone Number (____) _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. Per Week _____

Your Job Title _____ [☐] Full-time [☐] Part-time [☐] Volunteer

Immediate Supervisor(s) _____ Phone Number (____) _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. Per Week _____

Your Job Title _____ [☐] Full-time [☐] Part-time [☐] Volunteer

Immediate Supervisor(s) _____ Phone Number (____) _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

11. CONTINUATION / EXPLANATIONS (refer to the item number being continued or explained)

[illegible]

12. LIST ANY CRIMINAL CONVICTIONS YOU HAVE HAD AS AN ADULT

EMPLOYMENT PREFERENCE FORM

Name

Social Security Number

Position Applied For

Job Title

Position No.

Department Name

To claim preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to apply employment preference. Applicants hired by the state will have this information placed in a separate confidential selection file. Contact your local Job Service for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

☐**A Veteran**, if

1. you have been separated under honorable conditions, **AND** have served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or have been a member of the Montana Army or Air National Guard who has satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

☐**A Disabled Veteran**, if

1. you have been separated under honorable conditions from military duty, **AND**
2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

☐**The spouse of a disabled veteran** if the veteran's disability prevents him/her from working.☐**The unremarried surviving spouse of a veteran or disabled veteran.**☐**The mother of a veteran**, if

1. THE VETERAN died under honorable conditions while serving in the Armed Forces, **OR** THE VETERAN has a service-connected, permanent, and total disability, **AND**
2. YOUR SPOUSE is totally and permanently disabled, **OR** YOU are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference** you must be (check one of the boxes below):

☐**A person with a disability** certified by PHHS, **OR**☐**The spouse** of a totally (100%) disabled person certified by PHHS **AND have** resided continuously in Montana for at least 1 year immediately before applying for employment.

3. In the box below, check the attachment you have included to document your eligibility for employment preference.

☐

DD-214 showing the character of discharge

☐

Service-connected disability letter

☐

PHHS Disability Certification

☐

A document issued by the Office of the Adjutant General of the Montana National Guard certifying service.

SIGNATURE (typed or written):**DATE SIGNED:**